

# ATCC



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BUDAPEST TREATY ON THE INTERNATIONAL RECOGNITION OF  
THE DEPOSIT OF MICROORGANISMS FOR THE PURPOSES OF PATENT PROCEDURE

**INTERNATIONAL FORM**

RECEIPT IN THE CASE OF AN ORIGINAL DEPOSIT ISSUED PURSUANT TO RULE 7.3  
AND VIABILITY STATEMENT ISSUED PURSUANT TO RULE 10.2

To: (Name and Address of Depositor or Attorney)

Human Genome Sciences, Inc.  
Attn: James H. Davis  
9410 Key West Avenue  
Rockville, MD 20850

Deposited on Behalf of: Human Genome Sciences, Inc.

Identification Reference by Depositor: ATCC Designation

DNA Plasmid HBMVC21 (Ref. PF487) 203502

The deposits were accompanied by:        a scientific description        a proposed taxonomic description indicated above. The deposits were received December 1, 1998 by this International Depository Authority and have been accepted.

AT YOUR REQUEST: X We will inform you of requests for the strains for 30 years.

The strains will be made available if a patent office signatory to the Budapest Treaty certifies one's right to receive, or if a U.S. Patent is issued citing the strains, and ATCC is instructed by the United States Patent & Trademark Office or the depositor to release said strains.

If the cultures should die or be destroyed during the effective term of the deposit, it shall be your responsibility to replace them with living cultures of the same.

The strains will be maintained for a period of at least 30 years from date of deposit, or five years after the most recent request for a sample, whichever is longer. The United States and many other countries are signatory to the Budapest Treaty.

The viability of the cultures cited above was tested December 10, 1998. On that date, the cultures were viable.

International Depository Authority: American Type Culture Collection, Manassas, VA 20110-2209 USA.

Signature of person having authority to represent ATCC:

Barbara M. Hailey  
Barbara M. Hailey, Administrator, Patent Depository

Date: December 11, 1998



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 0.00)

**Complete if Known**

Application Number	09/466,778-Conf. #1584
Filing Date	December 20, 1999
First Named Inventor	Gregg A. Hastings
Examiner Name	R. Mitra
Art Unit	1653
Attorney Docket No.	PF487

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  Other  None

Deposit Account:

Deposit Account Number 08-3425

Deposit Account Name Human Genome Sciences, Inc.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments

Charge any additional fee(s) or any underpayment of fee(s)

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		<b>SUBTOTAL (3)</b>	(\$ 0.00)

**SUBTOTAL (1) (\$ 0.00)**

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Extra Claims	Fee from below	Fee Paid
Total Claims 58	-65** =	= 0.00
Independent Claims 8	-9** =	= 0.00
Multiple Dependent		

**Large Entity****Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$ 0.00)**

\*\*or number previously paid, if greater; For Reissues, see above

**SUBTOTAL (3) (\$ 0.00)**

**SUBMITTED BY**

(Complete if applicable)

Name (Print/Type)	Melissa J. Pytel	Registration No. (Attorney/Agent)	41,512	Telephone	(301) 610-5764	
Signature					Date	April 29, 2004